



FINAL REPORT FORM OPERATING GRANTS

GRANT #

FY:

(Located on the top right hand corner of your grant agreement)

Send completed form to:

New Hampshire State Council on the Arts

2 ½ Beacon Street, 2nd Floor

Concord, NH 03301

Phone: 271-2789 Fax: 271-3584

DUE DATE: No later than 30 days after the end of the second fiscal year (June 30) of the two-year grant period.

FY05/FY06 – July 31, 2006

FY06/FY07 – July 31, 2007

***FY07** – July 31, 2007

FY08/FY09 – July 31, 2009

** FY07 Operating grants are one year only*

***IMPORTANT:** Extensions may be requested for up to 90 days. Requests must be submitted in writing by July 15th. Failure to submit this report by the original or extended due date will make your organization **ineligible to apply** for any type of State Arts Council grant **for two years** from the due date of report.

A. GRANTEE INFORMATION:

TYPE OF GRANT:

Name of Organization:

Address:

City, State, Zip:

Contact Person & Title:

Daytime Telephone:

Email:

Contact Person Address (if different from Applicant Address):

City, State, Zip:

B. BENEFICIARIES: Enter actual total numbers as requested into the boxes in right column.

1. (Ind) Indicate number of individuals benefiting from your organization's activities during the grant period (e.g., audience, students, etc., excluding employees and/or paid performers):	___
2. (Art) Indicate number of artists participating:	___
3. (Nhart) Indicate number of professional New Hampshire artists participating:	___
4. (Com) Indicate number of communities benefiting from this project:	___
5. (Stu) Indicate number of students/youth benefiting from this project:	___
6. (%) Indicate what percentage of the project activities are directed toward arts education: If answer above is greater than "0" please put an "X" to indicate who the activities were directed to: ___ Pre-Kindergarten ___ K-12 ___ Higher education ___ Adult Learner	___
7. (Tea) Indicate the number of teachers involved:	___
8. (Adm) Indicate the number of school staff involved:	___

C. FINANCIAL SUMMARY

From Section F. Actual Financial Statement Part 1 & 2, complete the following:

NHSCA Grant Amount	\$	Total Cash Expense	\$
Total Cash Income	\$	Total Value of In-Kind	\$

NAME OF ORGANIZATION:

GRANT #:

D. WRITTEN EVALUATION

On separate sheets, answer the following questions in the order they appear. Attach no more than 5 typed pages and please number your responses.

1. Briefly, describe and evaluate the funded project in terms of the original application submitted.
 - How well did the project meet the goals and objectives as proposed?
 - If the project's goals were not met at all, explain why and whether the project met equally valuable, but different, goals or what your organization learned from the failure of the project.
2. If there are differences between the application or revised budget and the actual income and expenses that the project generated, explain the reason for the differences.
3. Detail how far the benefits of this project reached, i.e., local, statewide, beyond the state? If the reach was less than statewide, list the specific communities that this project benefited.
4. If this project involved working in partnership with other organizations, please list your partners and evaluate the pros and cons of the partnership.
5. How did you credit the New Hampshire State Council on the Arts and the National Endowment for the Arts (where appropriate) for the funded activity/project? Please enclose sample of the credit as it appeared.
6. How did you inform elected officials about this project? Provide documentation that you thanked the Governor, your Executive Councilor, and your district's members of the New Hampshire Legislature for their support of public funding for the State Arts Council, which made this grant possible. How did you encourage these elected individuals to attend or learn more about this project? Indicate if your organization is a member of NH Citizens for the Arts, which provides advocacy for public funding of the arts at the federal and state level.
 - On one page or less, provide an anecdote and a statistical statement that persuasively demonstrate how effectively this funded project delivered public benefits to the citizens of New Hampshire.

E. DOCUMENTATION

1. Provide 5 to 10 images in the form of photographic prints, digital images, or slides of the funded activity/project that show the range of activities funded. Digital images may be submitted on compact disc (CD) and should be a minimum of 5" x 7" at 300 dpi. Images should be saved as JPG or IBM formatted TIF files.

The State Arts Council may use images for promotional purposes. Therefore, provide a list that identifies the content of each photo, the names of people pictured, and the photographer's name or source you wish credited and an identification of what the image portrays. Your submission of images will be interpreted as permission for the State Arts Council to publish the image/s for promotional/educational purposes.

2. Attach a selection of reviews and other publications about your project/organization's activities during the grant period.

NAME OF ORGANIZATION:
GRANT #:

F. FINAL FINANCIAL STATEMENT
(NOTE: FY07 OPERATING GRANTEEES FILL IN YEAR 1 ONLY)

	YEAR 1	YEAR 2	
PART 1 - EXPENSES ONLY	CASH	CASH	IN-KIND

Please complete the information on lines provided. Attach more pages as needed and number sections accordingly.

1. Salaried Employees: (Salaries, wages & fringe benefits):

a. Administrative:\$.....\$

b. Artistic:.....\$.....\$

c. Technical/production:.....\$.....\$

2. Outside Fees & Services: (Independent contractor fees)

a. Artistic:.....\$.....\$

b. Other (specify):.....\$.....\$

.....\$.....\$

3. Space Rental: (location & rate):\$.....\$

4. Travel: (Specify # of travelers, mileage & per diems)

a. In-state: \$.....\$

b. Out-of-state: \$.....\$

5. Marketing/Publicity: (specify): \$.....\$

6. Remaining Operating Expenses: (Specify up to 5 major items)

..... \$.....\$

.....\$.....\$

.....\$.....\$

.....\$.....\$

.....\$.....\$

Total Cash Expenses\$.....\$

Total Value of In-kind contributions.....\$.....

Identify sources of in-kind (donated services or goods) contributions:

.....

NAME OF ORGANIZATION:
GRANT #:

F. FINAL FINANCIAL STATEMENT (continued)
(NOTE: FY07 OPERATING GRANTEEES FILL IN YEAR 1 ONLY)

	YEAR 1	YEAR 2
PART 2 - INCOME CASH ONLY		
<i>Please complete the information on lines provided. Attach more pages as needed and number sections accordingly.</i>		
1. Revenue: (Earned Income)	\$	\$
a. Admissions:	\$	\$
b. Contracted Services (specify below):	\$	\$
	\$	\$
c. Other Revenue (specify below):	\$	\$
	\$	\$
2. Support: (Unearned Income):	\$	\$
a. Memberships:	\$	\$
b. Corporate Contributions (identify below):	\$	\$
c. New England Foundation for the Arts Grants:	\$	\$
d. Private or Community Foundations (identify below):	\$	\$
d. Other Private Support:	\$	\$
(Includes fundraisers)		
3. Government Support:		
a. Federal:	\$	\$
b. State (do not include NHSCA grants):	\$	\$
c. Local:	\$	\$
Applicant Cash:	\$	\$
<hr/>		
Sub-Total (Income from above):	\$	\$
+		
NHSCA Operating Grant:	\$	\$
+		
Other Arts Council Grants:	\$	\$

Total Cash Income:.....= \$..... \$

I certify that all the facts in this report and its attachments are true, and that the monies were spent as stipulated in the contract signed with the New Hampshire State Council on the Arts.

Authorized Signature _____ Date _____
Name (Please type or print) _____ Title _____